

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034508

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 33

Primary Registration District No. 3022

Registrar's No. 133

FILED OCT 9 1962

1. PLACE OF DEATH

a. COUNTY

Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)

Bethany, Mo.

Length of stay in lb

1 Day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Noll Memorial Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Harrison

c. CITY
OR
TOWN

Bethany

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1018 Miller St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Carl

Thomas

Morris

4. DATE
OF
DEATH

Month

Day

Year

October

3

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

May, 21, 1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer-Ret.

10b. KIND OF BUSINESS OR INDUSTRY

Own Farm

11. BIRTHPLACE (City and state or country)

Harrison County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Andrew Morris

13b. MOTHER'S MAIDEN NAME

Martha Alexander

14. NAME OF HUSBAND OR WIFE

Christina Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mo.

Christina Morris 1018 Miller St. Bethany

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accident

INTERVAL BETWEEN
ONSET AND DEATH

2 Days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Cardiovascular disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-16-1962 to 10-3-1962 and last saw him alive on 10-3-1962.

Death occurred at 10:25 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Bethany Missouri

22c. DATE SIGNED

10-4-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

10-5-1962

23c. NAME OF CEMETERY OR CREMATORY

Morris Chapel Cemetery

23d. LOCATION (City, town, or county)

Harrison County,

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Wm. H. Noble 272 So. 12th Bethany Mo.

10-4-1962

C. Jella Massey

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10411

204112

3

4 0

5 1

6

7 0

8 2

9422.1

10

11

12 1-0

13 1-0

OCT 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~and~~ EDDIE J. STOKLASA, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 13602

P. O. Address Princeton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.